|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trigger Finger release (18 yEARS & OVER)** | | | | | | | | | | |
| **PRIOR APPROVAL REQUIRED** | | | | | | | | | | |
| 1. **Patient Information** | | | | | | | | | | |
| **Name** |  | | | | | | Male |  | Female |  |
| **Address**  **Post Code** |  | | | | | | | | | |
| **Date of Birth** |  | | **NHS Number** | | | |  | | | |
| **B. Referrer’s Details (GP/Consultant/Clinician)** | | | | | | | | | | |
| **Name** |  | | | | | | **Patient requested referral** | | | |
| **Address**  **Post Code** |  | | | | | | | | | |
| **Telephone** |  | | | **Email** |  | | | | | |
| **GP Details (if not referrer)** | | | | | | | | | | |
| **Name** |  | **Practice** | | | |  | | | | |
| By submitting this form, you confirm that the information provided is, to the best of your knowledge, true and complete and that you have:   * Discussed all alternatives to this intervention with the patient * Had a conversation with the patient about the most significant benefits and risks of this intervention * Informed the patient that this intervention is only funded where criteria are met, or exceptionality demonstrated * Checked that the patient is happy to receive postal correspondence concerning their application where appropriate, or clarified alternative needs * Checked that the patient understands spoken and written English, or clarified required needs   I understand that it is a legal requirement for fully informed consent to be obtained from the patient (or a legitimate representative of the patient) prior to disclosure of their personal details for the purpose of a panel/IFR team to decide whether this application will be accepted, and treatment funded. By submitting this form, I confirm that the patient/representative has been informed of the details that will be shared for the purpose and consent has been given.  **Signed ……………………………………………………… Date ……………….…………………………………….** | | | | | | | | | | |
| **Submission**  The completed form(s) should be sent electronically (from a nhs.net email address) in confidence with any other supporting documents to:  To **comply with information governance standards, emails containing identifiable patient data should only be sent securely, i.e., from an nhs.net account.** | | | | | | | | | | |

**THIS PAGE MUST BE COMPLETED FOR ALL REQUESTS**

**D. Clinical Criteria to be read in conjunction with the “Trigger Finger Release Policy.**

**Right Hand:** Choose an item. **Left hand:** Choose an item. Bilateral: Choose an item.

**Digit/Digits affected**

|  |  |
| --- | --- |
| **CLINICAL CRITERIA** | |
| **Mild cases of Trigger Finger which cause no loss of function may resolve spontaneously and will require no treatment. Activities that precipitate triggering should be avoided wherever possible.**  **Conservative measures – Treatment**  Patients managed in primary care may benefit from advice and conservative treatment that includes: | |
| * Rest from activities that aggravate the condition (if that is an option for the patient). | Choose an item. |
| * Wearing a splint for a minimum of 3-6 weeks. | Choose an item. |
| **Note: Spontaneous recovery may occur with time.** | |
| Conservative measures should always be the first line of treatment for trigger finger, however, surgery for trigger finger may be funded in patients who have \*significant functional impairment affecting lifestyle or occupation and meet one of the following criteria:   * Failure to respond to conservative treatment, including at least two corticosteroid injections with dates.   Date of 1st injection Date of 2nd injection  Click or tap to enter a date.Click or tap to enter a date.  **OR**   * Patient has a fixed flexion deformity that cannot be corrected. | Choose an item.    Choose an item. |
| \*Supporting information must be provided with the application (Please document the evidence you are enclosing to support this request) To enable the CCG to approve individual cases the following information with examples of functional impairment using the guidance below should be provided. The patient is welcome to provide a statement, to include examples of significant functional impairment. | |
| \*Significant functional impairment is defined as:  Symptoms preventing the patient fulfilling activities of daily living or conducting vital domestic or carer activities. | |